

Issue Classification

(Assistant Examiner) (Date)

(Legal Instruments Examiner): (Date)

(Primary Examiner)

(Date _____)

Total Claims Allowed:

O.G.
Print Claim(s)

O.G.
Print Fig.

☐ Claims renumbered in the same order as presented by applicantCPA

□ T.D.

□ R.1.47

Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91		121		151				181
2	2		32		62		92		122		152				182
3	3		33		63		93		123		153				183
4	4		34		64		94		124		154				184
5	5		35		65		95		125		155				185
6	6		36		66		96		126		156				186
7	7		37		67		97		127		157				187
13	8		38		68		98		128		158				188
14	9		39		69		99		129		159				189
8	10		40		70		100		130		160				190
9	11	11	41		71		101		131		161				191
10	12	16	42		72		102		132		162				192
15	13	17	43		73		103		133		163				193
14	14	22	44		74		104		134		164				194
15	15	23	45		75		105		135		165				195
18	16	28	46		76		106		136		166				196
17	17	29	47		77		107		137		167				197
18	18	30	48		78		108		138		168				198
19	19	25	49		79		109		139		169				199
20	20	12	50		80		110		140		170				200
21	21	31	51		81		111		141		171				201
22	22		52		82		112		142		172				202
23	23		53		83		113		143		173				203
24	24		54		84		114		144		174				204
25	25		55		85		115		145		175				205
26	26		56		86		116		146		176				206
27	27		57		87		117		147		177				207
28	28		58		88		118		148		178				208
29	29		59		89		119		149		179				209
30	30		60		90		120		150		180				210